

C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG -- Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

January 17, 2007

Mary Paul, Administrator Paramount Parks at Eagle 815 Eagle Road Eagle, ID 83616

Dear Ms. Paul:

On January 11, 2007, a life safety code survey was conducted at Paramount Parks Health Care at Eagle Llc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1	(X3) DATE SURVEY COMPLETED
	13R838	B. WING	01/11/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

			EAGLE ROAD LE, ID 83616			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Initial Comments The facility was found to be in substantic compliance with the fire and life safety requirements of the Rules for Residenti Assisted Living Facilities in Idaho. No conficiencies were cited during the standifier/life safety survey conducted on Jani 2007. The surveyor conducting the survey was Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction	al or ore ard uary 11,	R 000			

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

WTYB21